

SETTLEMENT EVALUATION – PERMANENT & TOTAL

SIB CLAIM # _____ OCCUPATION _____ M F

SS # _____ BODY PART _____

MEDICAL HISTORY

PRE-EXISTING CONDITION: _____

SUBSEQUENT INJURY: _____

COPY OF SIGNED ORDER FROM HEARING OFFICER DECLARING PERMANENT AND TOTAL.

COMP RATE \$ _____

AVERAGE WEEKLY WAGE \$ _____

AGE _____

LIFE EXPECTANCY (YEARS) _____

INDEMNITY

ANNUAL INCOME (\$ _____ x 52 WEEKS)

\$ _____

8% DISCOUNTED

\$ _____

UNDISCOUNTED VALUE

\$ _____

MEDICAL

FUTURE SURGERY

\$ _____

PHYSICAL THERAPY

\$ _____

PHYSICIAN VISITS

\$ _____

MEDICAL SUPPLIES

\$ _____

OTHER

\$ _____

TOTAL

\$ _____

TOTAL AMOUNT

\$ _____

(INDEMNITY PRESENT VALUE & MEDICAL)

DISCOUNTED VALUE (8%)

\$ _____

(INDEMNITY DISCOUNTED VALUE & MEDICAL)

SETTLEMENT AMOUNT REQUESTED

\$ _____

SIB AUTHORIZES FULL AND FINAL SETTLEMENT IN THE AMOUNT OF

\$ _____

APPROVED BY: _____ PROGRAM COMPLIANCE OFFICER _____ DATE

_____ SIB DIRECTOR _____ DATE